Case 07-14191 Doc 1 Filed 08/07/07 Entered 08/07/07 17:24:45 Desc Main Document Page 1 of 50

Official Form 1 (4/07					ruptcy of Illine		- <del></del>				Vo	luntar	y Petition
Name of Debtor (if ind Bily, Brandon	ividual, enter Las	t, First, N	Middle):			Name	e of Joint	Debto	or (Spouse	e) (Last, Firs	t, Middle):		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):								Joint Debtor trade names		8 years			
Last four digits of Soc. xxx-xx-2003	Sec./Complete EI	N or oth	er Tax I	D No. (if mo	re than one, sta	te all) Last	four digit	s of So	oc. Sec./C	omplete EIN	or other	Γax ID No.	(if more than one, state all
Street Address of Debto 273 S. Adams Oswego, IL	or (No. and Street,	, City, an	d State)	:	am c .i		t Address	s of Joi	int Debtor	r (No. and St	reet, City,	and State):	arn a .
					ZIP Code <b>60543</b>								ZIP Code
County of Residence or <b>Kendall</b>	of the Principal F	Place of I	Busines	s:		Coun	ty of Res	sidence	or of the	Principal Pl	ace of Bus	siness:	
Mailing Address of Deb	otor (if different fr	rom stree	t addres	ss):		Maili	ng Addro	ess of J	Joint Deb	tor (if differe	ent from str	reet address	):
				_	ZIP Code	;							ZIP Code
Location of Principal A (if different from street		Debtor											
	f Debtor Organization)				of Business	8				r of Bankru Petition is F			nich
(Check  ■ Individual (includes See Exhibit D on pa  □ Corporation (include □ Partnership □ Other (If debtor is not check this box and state)	ge 2 of this form. es LLC and LLP) t one of the above er	ntities,	☐ Sing in 1 ☐ Rail ☐ Stoo ☐ Con ☐ Clea ☐ Othe ☐ Deb unde	I U.S.C. § road ekbroker nmodity Braining Bank er  Tax-Exe (Check box tor is a tax- er Title 26 of	eal Estate as 101 (51B)	y le) ganization ed States	☐ Ch☐ Ch☐ Ch☐ Ch☐ Ch☐ Ch☐ Ch☐ Ch☐ Ch☐ Ch	ined in curred b	orimarily control U.S.C. by an indiv	O O O	f a Foreign hapter 15 f a Foreign  e of Debts k one box) , y for	Main Proc Petition for Nonmain I	Recognition
	Filing Fee (Ch	heck one		- (ine mier			k one bo	x:		Chapter 11	Debtors		
■ Full Filing Fee attac  □ Filing Fee to be paid attach signed applic is unable to pay fee  □ Filing Fee waiver reattach signed applic	d in installments ( ation for the court except in installments)	t's considerents. Ruble to cha	leration le 1006 opter 7 in	certifying t (b). See Offi ndividuals o	hat the debcial Form 3Aconly). Must	tor Chec	Debtonk if: Debton to inside k all app. A plan Accept	's aggi lers or licable is beir	a small b regate nor affiliates boxes: ng filed w of the pla	usiness debt	or as defin liquidated n \$2,190,0 ion. ited prepet	debts (exclusion).	
Statistical/Administrat			or distri	bution to u	nsecured cr	editors.			· · · ·			-	T USE ONLY
Debtor estimates that there will be no fund						tive expens	ses paid,						
Estimated Number of C										1			
1- 50- 49 99	199 99		1000- 5,000	5001- 10,000	10,001- 25,000	25,001- 50,000	100,00 100,00		OVER 00,000				
Estimated Assets										-			
Estimated Assets  \$0 to \$10,000	\$10,001 to \$100,000		□ \$100 \$1 n	0,001 to nillion		000,001 to 00 million		More t					
Estimated Liabilities  \$0 to \$50,000	\$50,001 to \$100,000		□ \$100 \$1 n	0,001 to nillion		000,001 to 00 million		More t					

Case 07-14191 Doc 1 Filed 08/07/07 Entered 08/07/07 17:24:45 Desc Main Page 2 of 50 Document Official Form 1 (4/07) FORM B1, Page 2 Name of Debtor(s): Voluntary Petition Bily, Brandon (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Date Filed: Case Number: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Konstantine Sparagis August 7, 2007 Signature of Attorney for Debtor(s) (Date) **Konstantine Sparagis 6256702** Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment)

# (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for

possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Signatures

### Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s): Bily, Brandon

Billy, Brandon

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Brandon Bily

Signature of Debtor Brandon Bily

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

August 7, 2007

Date

#### Signature of Attorney

### X /s/ Konstantine Sparagis

Signature of Attorney for Debtor(s)

#### Konstantine Sparagis 6256702

Printed Name of Attorney for Debtor(s)

#### Law Offices Of Konstantine Sparagis

Firm Name

8 S. Michigan Avenue 27th Floor Chicago, IL 60603

Address

### 312.753.6956 Fax: 866.333.1840

Telephone Number

August 7, 2007

Date

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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Official Form 1, Exhibit D (10/06)

### **United States Bankruptcy Court Northern District of Illinois**

In re	Brandon Bily		Case No.	
		Debtor(s)	Chapter	7

### EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- □ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] \_\_\_\_

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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### Official Form 1, Exh. D (10/06) - Cont.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable
statement.] [Must be accompanied by a motion for determination by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or
mental deficiency so as to be incapable of realizing and making rational decisions with respect to
financial responsibilities.);
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being
unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or
through the Internet.);
☐ Active military duty in a military combat zone.
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.
requirement of 11 0.5.c. § 107(11) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:	/s/ Brandon Bily	
	Brandon Bily	

Date: August 7, 2007

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Form 6-Summary (10/06)

# **United States Bankruptcy Court Northern District of Illinois**

In re	Brandon Bily			Case No.	
_		De	btor ,		
				Chapter	7
				•	

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	1,165.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	12		38,287.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			241.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			480.00
Total Number of Sheets of ALL Schedules		23			
	T	otal Assets	1,165.00		
			Total Liabilities	38,287.00	

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Official Form 6 - Statistical Summary (10/06)

### **United States Bankruptcy Court Northern District of Illinois**

In re	Brandon Bily		Case No.		
•	<u> </u>	Debtor			
			Chapter	7	

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

#### State the following:

Average Income (from Schedule I, Line 16)	241.00
Average Expenses (from Schedule J, Line 18)	480.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	784.67

#### State the following:

		_
Total from Schedule D, "UNSECURED PORTION, IF ANY"     column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		38,287.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		38,287.00

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In re	Brandon Bily	Case No.
٠		
(10/05)		

### SCHEDULE A. REAL PROPERTY

Debtor

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
--------------------------------------	--	---	--	----------------------------

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00** 

(Report also on Summary of Schedules)

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Form	<b>R6</b> I
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In re	Brandon Bily	Case No.	
_		Debtor	

### SCHEDULE B. PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash		-	20.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Savings A	account with Oswego Community Bank	-	0.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X			
4.	Household goods and furnishings, including audio, video, and computer equipment.	Miscellane	eous Household Goods	-	800.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Miscellane	eous Collectibles	-	20.00
6.	Wearing apparel.	Miscellane	eous Clothing	-	300.00
7.	Furs and jewelry.	Miscellane	eous Costume Jewelry	-	25.00
8.	Firearms and sports, photographic, and other hobby equipment.	X			
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10.	Annuities. Itemize and name each issuer.	X			

Sub-Total > 1,165.00 (Total of this page)

**<sup>2</sup>** continuation sheets attached to the Schedule of Personal Property

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Form B6B (10/05)

In re	Brandon Bily	Case No.
	<del>_</del>	•

Debtor

### SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	Х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tot	al > <b>0.00</b>
			C	Total of this page)	ai > 0.00

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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Form B6B (10/05)

In re Brandon Bily Case No	
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Debtor

### SCHEDULE B. PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total >
(Total of this page)
Total >

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

1,165.00

0.00

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Form	B60
(4/07)	

In re	Brandon Bily	Case No
		Debtor

### SCHEDULE C. PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

= 11 0.5.0. 3022(0)(0)			
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand Cash	735 ILCS 5/12-1001(b)	20.00	20.00
<u>Checking, Savings, or Other Financial Accounts,</u> Savings Account with Oswego Community Bank	Certificates of Deposit 735 ILCS 5/12-1001(b)	0.00	0.00
Household Goods and Furnishings Miscellaneous Household Goods	735 ILCS 5/12-1001(b)	0.00	800.00
<u>Books, Pictures and Other Art Objects; Collectible</u> Miscellaneous Collectibles	<u>es</u> 735 ILCS 5/12-1001(b)	0.00	20.00
Wearing Apparel Miscellaneous Clothing	735 ILCS 5/12-1001(a)	0.00	300.00
<u>Furs and Jewelry</u> Miscellaneous Costume Jewelry	735 ILCS 5/12-1001(b)	0.00	25.00

Total: 20.00 1,165.00

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Official Form 6D (10/06)

In re	Brandon Bily	Case No.
_	<u> </u>	Debtor

### SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no electrons holds	ing	scci	area claims to report on this selecture D.					
CDEDITORIG NAME	C	Hu	sband, Wife, Joint, or Community	Ç	U	D	AMOUNT OF	
CREDITOR'S NAME AND MAILING ADDRESS	CODEBTOR	H W	DATE CLAIM WAS INCURRED,	C O N T _ N G E N T	UNLLQULDATED	S	CLAIM WITHOUT	UNSECURED
INCLUDING ZIP CODE,	В	W	NATURE OF LIEN, AND DESCRIPTION AND VALUE	<u>i</u>	Q	SPUTED	DEDUCTING	PORTION, IF ANY
AND ACCOUNT NUMBER (See instructions above.)	Ö	C	OF PROPERTY	Ğ	ĺ	Ė	VALUE OF COLLATERAL	ANY
	'\	_	SUBJECT TO LIEN	וַאַ	Ā	ادا	COLLATERAL	
Account No.					Ė			
				Н		Н		
			Value \$	Ш				
Account No.								
			Value \$					
Account No.								
			Value \$	1				
Account No.				H				
			Value \$					
		<u> </u>		ubt	oto	뮈		
o continuation sheets attached								
			(Total of the	ns ţ	Jag	(e)		
					ota		0.00	0.00
			(Report on Summary of Sc	hed	ule	es)		

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Official Form 6E (4/07)

In re	Brandon Bily	Case No.
-		Debtor ,

### SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate

schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Unliquidated." (You may need to place an "X" in more than one of these three columns.)	
Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.	ed
Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under the chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.	
Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a cunder chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.	ase
■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.	
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)	
☐ Domestic support obligations	
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).	of
☐ Extensions of credit in an involuntary case	
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a torthe order for relief. 11 U.S.C. § 507(a)(3).	trus
☐ Wages, salaries, and commissions	
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).	
☐ Contributions to employee benefit plans	
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).	,
☐ Certain farmers and fishermen	
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).	
☐ Deposits by individuals	
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delive provided. 11 U.S.C. § 507(a)(7).	erec
☐ Taxes and certain other debts owed to governmental units	
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).	
☐ Commitments to maintain the capital of an insured depository institution	
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).	
☐ Claims for death or personal injury while debtor was intoxicated	
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance, 11 LLS C. 8.507(a)(10)	r

<sup>\*</sup> Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Official Form 6F (10/06)

In re	Brandon Bily	Case No
-		, Debtor

### SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community	CO	U	D		
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	J H M	IS SUBJECT TO SETOFF, SO STATE.	O N H L N G H N	Q U L	I S P U T E D		AMOUNT OF CLAIM
Account No. 1142			Medical Bill	Т	T E D			
Alan Villanueva, DMD 7546 Janes Ave. Naperville, IL 60540		-			D			48.00
Account No. xxxxxxxx7570	t	T	Medical Bill	T	М	r	†	
APLM Ltd 1050 W. Kinzie St. Chicago, IL 60622		-						19.00
Account No. 1564	╁	┢	Collection	+	H	H	+	
Asset Acceptance Lic P.O. Box 2036 Warren, MI 48090		-						0.00
Account No. xxxxxx0281	T		Medical Bill	T			T	
Associated Pathology Consultants P.O. Box 2622 Carol Stream, IL 60132		  -						
								238.00
			(Total of t	Subt				305.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No
_		Debtor ,

					_	_	
CREDITOR'S NAME,		Hu	sband, Wife, Joint, or Community	Š	U	P	
AND MAILING ADDRESS	CODEBTOR	н	DATE CLADAWAG DIGUDDED AND	CONT	UZL.	S P	
INCLUDING ZIP CODE,	B	W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM		1 - QD - 1	Ü	
AND ACCOUNT NUMBER	T	J	IS SUBJECT TO SETOFF, SO STATE.	N	Ų	T	AMOUNT OF CLAIM
(See instructions above.)	Ř	С	is sebuter to strong, so string.	N G E N	Ď	Ď	
Account No. xxxxxx0101			Medical Bill for account nos. 0102	Ť	DATED		
	1				D		
Aurora Emergency Assoc.							
PO Box 3666		-					
Dept 4040							
Hinsdale, IL 60522							
,							660.00
Account No. 26	┢	-	Collection	H			
	ł						
Central Credit Services, Inc.							
P.O. Box 15118		<b> </b> -					
Jacksonville, FL 32239							
dacksonvine, i E 32233							
							0.00
Account No. <b>x4854</b>	┢	_	Collection	$\vdash$			
Account No. X4654	ł		Collection				
City of Nanawilla							
City of Naperville		l_					
400 S. Eagle St.		Ι-					
Naperville, IL 60566							
							1,657.00
Account No. xxxxxxx1926			Collection				
City of Naperville							
400 S. Eagle St.		-					
Naperville, IL 60566							
							372.00
Account No. xxxx1623	t	H	Collection for BLS Emergency	t			
	t		a constant and a cons				
City of Naperville	I						
395 W. Lake St.	1	-		1	l		
Elmhurst, IL 60126	1	1		1	l		
	1						
							300.00
				_		<u> </u>	
Sheet no. 1 of 11 sheets attached to Schedule of				Subt			2,989.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	_,;;;;•

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No.
		Debtor

	С	Hu	sband, Wife, Joint, or Community	С	u	D	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXFLXGEX	I QU I D	ISPUTED	AMOUNT OF CLAIM
Account No. 0029			Utility	Ť	T		
ComEd Bill Payment Center Chicago, IL 60668		-			D		545.00
Account No. xx5460	f		Collection for Alan V. Villanueva		$\vdash$		
Credit Management Services 9525 Sweet Valley Dr. Cleveland, OH 44125		-					
					L		190.00
Account No. 3884  Dependon Collection Service, Inc. PO Box 6074 River Forest, IL 60305		-	Collection for Aurora Emergency Assoc				660.00
Account No. Jx5858			Collection for Rush-Copley Memorial		H		
Diversified Services Group P.O. Box 80185 Phoenix, AZ 85060		_	Hospital-notice only				0.00
Account No. 4570	f		Medical Bill	+	$\vdash$		
Dr. Jeffrey Hynek 60 C Main St. Oswego, IL 60543		_					3,149.00
Sheet no. 2 of 11 sheets attached to Schedule of	_			Sub			4,544.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	4,344.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No.	_
_		Debtor	

CREDITOR'S NAME,	Č	Hu	usband, Wife, Joint, or Community			U	D	
AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE	3.7	CONFINGEN	NL QU L DAT		AMOUNT OF CLAIM
Account No. 9691			Medical Bill		Т	T E D		
Dreyer Medical Clinic P.O. Box 2091 Aurora, IL 60507		-				D		3,237.00
Account No. 2384			Medical Bill for account nos. 2486, 4125, 3 0503, 3839, 7696, 3595, 2294, 0648	496,				
Edward Hospital 801 S. Washington Naperville, IL 60540		_	, 5555, 5555, 7555, 5555, 2254, 6646					
Account No. 9053	_		Medical Bill for account nos. 2997					6,916.00
Emergeny Treatment, S.C. 900 Jorie BLVD Suite 220 Oak Brook, IL 60523		-	modical Bill for docoding floor 2001					500.00
Account No. xxxx6713  Friedman & Wexler 500 W Madison, SUite 2910		_	Collection for Superior Air-Ground Ambulance-notice only					
Chicago, IL 60661								652.00
Account No. x9956  Guardian Anesthesia Assoc. 185 Penny Ave. Dundee, IL 60118		-	Medical Bill for account nos. 45165					620.00
Sheet no. <b>3</b> of <b>11</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	-			S tal of th		ota		11,925.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No
'-		Debtor

ACCOUNT No. 0.999  Harris & Harris 600 W. Jackson Chicago, IL 60661  CACCOUNT No. 0.999  COllection for Dreyer Med Clinic  COLLECTION COLLEGE STATE  ACCOUNT No. LXXXXXXX3595  Medical Bill  Medical Bill  COLLEGE STATE  COLLECTION COLLEGE STATE  COLLEGE STATE  COLLEGE STATE  COLLECTION COLLEGE STATE  COLLEGE		С	Ни	sband, Wife, Joint, or Community	1	сТ	ш	D	
Harris & Harris 600 W. Jackson Chicago, IL 60661	INCLUDING ZIP CODE, AND ACCOUNT NUMBER	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA	M :		ONL QU L DA	I S P	AMOUNT OF CLAIM
Harris & Harris 600 W. Jackson Chicago, IL 60661	Account No. 0999			Collection-nondischargeable		Т	T E		
Account No. 9691  KCA Financial Services, Inc. 628 North Street Post Office Box Number 53 Geneva, IL 60134  Account No. Lxxxxx3595  Linden Oaks Hospital P.O. Box 4271 Dept. Y Carol Stream, IL 60197  Account No. Rxxxxxxx9062  Marianjoy 296.00  Account No. 7291  MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607  Collection for Dreyer Med Clinic  Account No. Lxxxxxx3595  Medical Bill  Collection for Emergency Treatment, SC-notice only  Subtract  Subtra	600 W. Jackson		-				D		2,231.00
Collections 725 S Wells St Suite 501 Chicago, IL 60607   Chicago	Account No. <b>9691</b>	$^{\dagger}$		Collection for Dreyer Med Clinic					<u> </u>
Account No. Lxxxxx3595  Linden Oaks Hospital P.O. Box 4271 Dept. Y Carol Stream, IL 60197  Account No. Rxxxxxxx9062  Marianjoy 26W171 Roosevelt Rd. Wheaton, IL 60187  MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607  Medical Bill  Collection for Emergency Treatment, SC-notice only  Collection for Emergency Treatment, SC-notice only  Sheet no. 4 of 11 sheets attached to Schedule of	628 North Street Post Office Box Number 53		_						
Linden Oaks Hospital P.O. Box 4271 Dept. Y Carol Stream, IL 60197  Account No. Rxxxxxxx9062  Marianjoy 26W171 Roosevelt Rd. Wheaton, IL 60187  Account No. 7291  MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607  Sheet no. 4 of 11 sheets attached to Schedule of		_							3,237.00
Marianjoy 26W171 Roosevelt Rd. Wheaton, IL 60187  Account No. 7291  MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607  Cheep no. 4 of 11 sheets attached to Schedule of Subtotal	Linden Oaks Hospital P.O. Box 4271 Dept. Y		-	Medical Bill					296.00
26W171 Roosevelt Rd. Wheaton, IL 60187  Account No. 7291  MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607  Chicago, IL 60607  Sheet no. 4 of 11 sheets attached to Schedule of Subtotal	Account No. Rxxxxxxx9062			Medical Bill					
MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607  Sheet no. 4 of 11 sheets attached to Schedule of Subtotal	26W171 Roosevelt Rd.		-						44.00
MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607  Sheet no. 4 of 11 sheets attached to Schedule of Subtotal	Account No. <b>7291</b>	t				+	$\dashv$		
Sheet no. 4 of 11 sheets attached to Schedule of Subtotal	725 S Wells St Suite 501		_	SC-notice only					0.00
Creditors Holding Unsecured Nonpriority Claims (Total of this page)									5,808.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No	
_		Debtor	

CREDITOR'S NAME. AND MAILING ADDRESS INCLUDING ZIP CODE. AND ACCOUNT NUMBER (See instructions above.)  Account No. BB8826  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  1,450.00								
AND MALING ADDRESS INCLUDING 2D CODE. AND ACCOUNT NUMBER (See instructions above.)  Account No. BB8826  Medical Business Bureau P.O. Box 1219 Park Ridge, IL 60068  Collection for Rush Copley Med  Collection for Rush Copley  Collec	CREDITOR'S NAME.	C	Hu	sband, Wife, Joint, or Community	C	U	P	
Account No. BB8826  Medical Business Bureau P.O. Box 1219 Park Ridge, IL 60068  Account No. 8826  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Account No. xxxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Subtotal	AND MAILING ADDRESS	Ď		DATE CLAIM WAS INCLIDED AND	Ň	ļ:	S	
Account No. BB8826  Medical Business Bureau P.O. Box 1219 Park Ridge, IL 60068  Account No. 8826  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Account No. xxxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Subtotal		В		CONSIDERATION FOR CLAIM IF CLAIM	1	ď	Ϊ́υ	
Account No. BB8826  Medical Business Bureau P.O. Box 1219 Park Ridge, IL 60068  Account No. 8826  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Account No. xxxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Subtotal		T		IS SUBJECT TO SETOFF. SO STATE.	N G	II	I F	
Medical Business Bureau   P.O. Box 1219   Park Ridge, IL 60068	(See instructions above.)	Ř		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E	D	D	
Medical Business Bureau	Account No. BB8826			Collection for Guardian Anesthesia Assoc.	Ť	ΙE		
P.O. 8ox 1219 Park Ridge, IL 60068	Modical Rusiness Rureau					٢	H	-
Park Ridge, IL 60068   662.00			L					
Account No. 8826  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Account No. 8108  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals								
Account No. 8826  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  - Collection for Rush Copley  Collection for Rush Copley  Collection for Rush Copley  Collection for Rush Copley  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  - Collection for Rush Copley  Account No. 8109  Collection for Rush Copley  Collection for Rush Copley  Collection for Rush Copley  Suite 171 Muskegon, MI 49441  - Collection for Rush Copley  Collection for Rush Copley  Collection for Rush Copley  Suite 171 Muskegon, MI 49441  - Suite 171 Muskegon, MI 49441  - Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  - Collection for Linden Oaks & Edward Hospitals  - Collection for Linden Oaks & Edward Hospitals	Falk Ridge, IL 00000							
Medical Business Bureau								662.00
1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Subtotal	Account No. 8826	t		Collection for Rush Copley Med				
1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Rush Copley  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Subtotal	l., ., .,							
Suite 171 Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Collectio								
Muskegon, MI 49441  Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  - Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  - Collection for Linden Oaks & Edward Hospitals  - Collection for Linden Oaks & Edward Hospitals  - Subtotal			-					
Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward  Hospitals  Subtotal  Sheet no. 5 of 11 sheets attached to Schedule of								
Account No. 8108  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Collection for Rush Copley  Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Coppitals  Collection for Linden Oaks & Edward Coppital C	Muskegon, MI 49441							
Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  - Collection for Rush Copley  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  - Collection for Rush Copley  Collection for Rush Copley  Collection for Rush Copley  - Collection for Linden Oaks & Edward Hospitals  Collection for Linden Oaks & Edward Hospitals  Sheet no. 5 of 11 sheets attached to Schedule of  Subtotal								295.00
1175 Devin Dr Suite 171 Muskegon, MI 49441	Account No. 8108			Collection for Rush Copley				
1175 Devin Dr Suite 171 Muskegon, MI 49441		1						
Suite 171 Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Subtotal  Subtotal	Medical Business Bureau							
Muskegon, MI 49441  Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Subtotal  384.00  Collection for Rush Copley  Collection for Linden Oaks & Edward Hospitals	1175 Devin Dr		-					
Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chee Ino. 5 of 11 sheets attached to Schedule of Subtotal	Suite 171							
Account No. 8109  Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Sheet no. 5 of 11 sheets attached to Schedule of	Muskegon, MI 49441							
Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Subtotal								384.00
1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Chicago, IL sheets attached to Schedule of  Subtotal	Account No. 8109			Collection for Rush Copley				
1175 Devin Dr Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Chicago, IL sheets attached to Schedule of  Subtotal	Medical Business Bureau							
Suite 171 Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Subtotal			l_					
Muskegon, MI 49441  Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Sheet no. 5 of 11 sheets attached to Schedule of			-					
Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Sheet no. 5 of 11 sheets attached to Schedule of								
Account No. xxxxxxxxx2122  Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Chicago, IL 60606  Sheet no. 5 of 11 sheets attached to Schedule of	Wuskegon, Wi 49441							400.00
Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Sheet no5 of _11 sheets attached to Schedule of								109.00
Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Sheet no5 of _11 sheets attached to Schedule of	Account No. xxxxxxxxx2122		_					
Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606  Sheet no5 of _11_ sheets attached to Schedule of  Subtotal				Hospitals				
223 W. Jackson Blvd. Chicago, IL 60606  Sheet no5 of _11_ sheets attached to Schedule of  Subtotal	Merchants' Credit Guide Co.							
Chicago, IL 60606         0.00           Sheet no5 of _11_ sheets attached to Schedule of         Subtotal	Executive Offices	1	-					
Sheet no. <u>5</u> of <u>11</u> sheets attached to Schedule of Subtotal	223 W. Jackson Blvd.	1						
Sheet no. <u>5</u> of <u>11</u> sheets attached to Schedule of Subtotal	Chicago, IL 60606	1						
1 <u>450 00</u>								0.00
1 <u>450 00</u>	Sheet no. <u>5</u> of <u>11</u> sheets attached to Schedule of			1	Sub	tota	ıl	
				(Total of	this	pag	ge)	1,450.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No
-		Debtor

	_			1.		_	1
CREDITOR'S NAME, AND MAILING ADDRESS	CODEBTO	н	sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND	CONTI	コスコーダン_	DISPUTE	
INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	B T O R	J W	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	I N G E N	QD_D<	UTED	AMOUNT OF CLAIM
Account No. 963M			Collection	<del> </del>	D A T E D		
Meyer, Kreuzer, ESP & Cores 290 S. County Farm Rd. Suite M		-			D		
Wheaton, IL 60187							779.00
Account No. Dx0581			Collection for Sandwich Family Practice, LTD				
Monitor Financial Services, Inc. P.O. Box 1104 Oswego, IL 60543		-					
							0.00
Account No. NRxxx8033			Medical Bill				
Naperville Radiologists SC 6910 S. Madison St. Willowbrook, IL 60527		-					
							125.00
Account No. 1165			Collection				
NCO - Marlin P.O. Box 8529 Philadelphia, PA 19101		-					
							0.00
Account No. xxxxxx6849			Collection for Nicor Gas account nos. 3319124602-notice only				
NCO Financial Systems PO Box 15740 Wilmington, DE 19850		-	•				
							0.00
Sheet no. 6 of 11 sheets attached to Schedule of			l	Sub	tota	 l	904.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	904.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No
-		Debtor

	<u>ر</u>	ш.,	sband, Wife, Joint, or Community	1	Пп	D	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXFLXGEX	I QU I D	SPUTED	AMOUNT OF CLAIM
Account No. 8494			Utility	Т	T		
Nicor Gas P.O. Box 416 Aurora, IL 60568		-			D		850.00
Account No. xxxxxxxExxxxx0648	$\vdash$		Collection for Edward Hospital-notice only				
OSI Collection Services, Inc. P.O. Box 959 Brookfield, WI 53008		-					
-	_						0.00
Account No. 2065  Pellettieri & Assoc 991 Oak Creek Drive Lombard, IL 60148		_	Collection for Provena Med Center				651.00
Account No. xxx2066			Collection for Provena Med Center				
Pellettieri & Assoc 991 Oak Creek Drive Lombard, IL 60148		-					290.00
Account No. xxxx1623	╁		Collection for EMS Services-notice only		$\vdash$		230.00
Penn Credit Corporation Box 988 Harrisburg, PA 17108		-					0.00
Sheet no7 of _11_ sheets attached to Schedule of	_		ı	Sub			1,791.00
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	1,7 91.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No
-		Debtor

	С	Ни	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	OONT L NG EN	DRLIQUIDATED	I S P	AMOUNT OF CLAIM
Account No. Txxx8424			Collection for Utilities	Ť	T		
Penn Credit Corporation Box 988 Harrisburg, PA 17108		-			D		0.00
Account No. <b>2997</b>	┢		Medical Bill for account nos. 2152				
Provena Mercy Medical Center 75 Remittance Dr., Ste. 1871 Chicago, IL 60675		_					
							943.00
Account No. 2997  Revenue Cycle Partners 2870 Stoner Court, Ste. 300  North Liberty, IA 52317		-	Collection for Provena Mercy Medical Center				0.00
Account No. Lxxxxx3595  Revenue Production Management, Inc. P.O. Box 830913 Birmingham, AL 35283		_	Collection for Lionden Oaks Hospital-notice only				
							0.00
Account No. xxxxxxxx1030FACRCH  Risk Management Alternatives PO Box 105411 Atlanta, GA 30348	-	_	Collection for Nicor Gas-notice only				0.00
Sheet no. <b>8</b> of <b>11</b> sheets attached to Schedule of			1	Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of	this	pag	ge)	943.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No	
_		Debtor	

	С	ни	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	ONTLNGEN	OZL-QU-DATED	SPUTED	AMOUNT OF CLAIM
Account No. x4423			Medical Bill	T	E		
Riverside Psychiatric 7234 W. Ogden Ave Suite 3N Riverside, IL 60546		-			D		450.00
Account No. 2455	T		Medical bill				
Rush Copley Medical Center PO Box 352 Aurora, IL 60507		-					109.00
Account No. xxxx9087	_		Medical bill	-			103.00
Rush Copley Medical Ctr 2000 Ogden Ave Aurora, IL 60504		-					384.00
Account No. xxxx9087	t		Medical Bill for account nos. 20803425,	+			
Rush-Copley Medical Center P.O. Box 352 Aurora, IL 60507		-	20667747, 21567052, 20846416, 21567052, 24767774, 1329117351, 25074634, 25072455, 25089087				0.740.00
Account No. <b>9753</b>		_	Utility	+			2,748.00
SBC Bill Payment Center Chicago, IL 60663		-					116.00
Sheet no. <b>9</b> of <b>11</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			3,807.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No
'-		Debtor

GD DD TO DIG 11 1 1 1	С	Hu	sband, Wife, Joint, or Community	С	Ιυ	D	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXFLXGEX	DELLOULDALED	I S P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxxxxx5975			Collection for SBC Midwest-notice only	T	T		
Southwest Credit 5910 W. Plano Pkwy., Ste. 100 Plano, TX 75093		-			D		0.00
Account No. xxxx6713	┢		Medical Bill	-			
Superior Air Ground Amb. Service P.O. Box 1407 Elmhurst, IL 60126		-					
							528.00
Account No. 1405			Collection				
The Bureaus Inc 1717 Center Street Evanston, IL 60201		-					
A (N. 114000			Collection for Diverside Developing 9	_			0.00
Account No. x4423C  The Bureaus Inc. 35353 Eagle Way Chicago, IL 60678-1352	-	-	Collection for Riverside Psychiatric & Counseling-notice only				0.00
Account No. 4046	f		Collection for ComEd-notice only			$\vdash$	
Torres Credit Services, INC. P.O. Box 189 Carlisle, PA 17013		-					0.00
Sheet no10_ of _11_ sheets attached to Schedule of				Sub	tota	<u>L</u>	0.00
Creditors Holding Unsecured Nonpriority Claims			(Total of				528.00

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Official Form 6F (10/06) - Cont.

In re	Brandon Bily	Case No.	_
_		Debtor	

CDEDITORIS NAME	С	Hu	sband, Wife, Joint, or Community	С	U	D	
CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODE BTOR	J H H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	O N T	¦	ISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxx5003			Collection for TeleCheck	Ť	T E		
TRS Recovery Services, Inc P.O. Box 17170 Denver, CO 80217		-			D		0.00
Account No. xxxxxxxxxx3274	╁		Collection for Jewel-Osco				
TRS Recovery Svcs., Inc. PO Box 60022 City Of Industry, CA 91716		-					
Account No. <b>7313</b>			Collection for Jeffrey Hynek DD				0.00
United Recovery Service, LLC 18525 Torrence Ave. Suite C-6 Lansing, IL 60438		-	Collection for definey flyflex DD				
							3,149.00
Account No. xxxx7052  Van Ru Credit Corporation P.O. Box 1018 Park Ridge, IL 60068		-	Collection for Rush-Copley Medical account nos. 20626941, 20667747, 20803425, 20895314, 20846416, 21567052, 21869052, 21869052				0.00
Account No. 9899	f		Utility				
WOW!Internet Cable Phone PO Box 5715 Carol Stream, IL 60197		-					144.00
Sheet no11_ of _11_ sheets attached to Schedule of			S	ubte	otal	l	
Creditors Holding Unsecured Nonpriority Claims	(Total of this page)				3,293.00		
			(Report on Summary of Sci		otal ules		38,287.00

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Form B6G (10/05)

In re Brandon Bily Case No. \_\_\_\_\_

Debtor

### SCHEDULE G. EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 07-14191 Doc 1 Filed 08/07/07 Entered 08/07/07 17:24:45 Desc Main Document Page 28 of 50

Form	В6Н
(10/05)	5)

In re	Brandon Bily	Case No.	
_			
		Debtor	

### SCHEDULE H. CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND	<b>ADDRESS</b>	OF CODEBTOR
NAME AND	ADDRESS	OF CODEDION

NAME AND ADDRESS OF CREDITOR

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Official Form 6I (10/06)

In re	Brandon Bily		Case No.	
		Debtor(s)		

### SCHEDULE I. CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child

<b>**</b>	l and a joint petition is not filed. Do not state the name of any							
Debtor's Marital Status:	DEPENDENTS OF DEBT							
Single	RELATIONSHIP(S): None.	AGE(S):						
<b>Employment:</b>	DEBTOR	<u> </u>	SPOUSE					
Occupation	Unemployed							
Name of Employer								
How long employed								
Address of Employer								
INCOME: (Estimate of average	or projected monthly income at time case filed)	]	DEBTOR		SPOUSE			
	and commissions (Prorate if not paid monthly)	\$	0.00	\$	N/A			
2. Estimate monthly overtime	1 3/	\$	0.00	\$	N/A			
3. SUBTOTAL		\$	0.00	\$	N/A			
4. LESS PAYROLL DEDUCTION		¢	0.00	Ф	NI/A			
a. Payroll taxes and social so	ecurity	\$ <del></del>	0.00	\$ <del></del>	N/A			
<ul><li>b. Insurance</li><li>c. Union dues</li></ul>		\$ <del></del>	0.00	\$ <del></del>	N/A N/A			
		ф —	0.00	φ —	N/A			
d. Other (Specify):		ф <u> </u>	0.00	φ —	N/A			
		Ψ		Ψ				
5. SUBTOTAL OF PAYROLL I	DEDUCTIONS	\$	0.00	\$	N/A			
6. TOTAL NET MONTHLY TA	KE HOME PAY	\$	0.00	\$	N/A			
7. Regular income from operation	n of business or profession or farm (Attach detailed statemen	nt) \$	0.00	\$	N/A			
8. Income from real property		\$	0.00	\$	N/A			
9. Interest and dividends		\$	0.00	\$	N/A			
10. Alimony, maintenance or sup that of dependents listed abo	port payments payable to the debtor for the debtor's us ve	e or \$	0.00	\$	N/A			
11. Social security or governmen								
(Specify): Food stamps		\$	241.00	\$	N/A			
		\$	0.00	\$	N/A			
12. Pension or retirement income	;	\$	0.00	\$	N/A			
13. Other monthly income			_	· · · · · · · · · · · · · · · · · · ·				
(Specify):		\$	0.00	\$	N/A			
		\$	0.00	\$	N/A			
14. SUBTOTAL OF LINES 7 TI	HROUGH 13	\$	241.00	\$	N/A			
15. AVERAGE MONTHLY INC	COME (Add amounts shown on lines 6 and 14)	\$	241.00	\$	N/A			
16. COMBINED AVERAGE MO from line 15: if there is only one deb	ONTHLY INCOME: (Combine column totals tor repeat total reported on line 15)		\$	241.00	)			

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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Official Form 6J (10/06)

In re	Brandon Bily	Case No.	
		Debtor(s)	

### SCHEDULE J. CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and th filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.		mily at time case
☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse."	ete a separat	e schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	0.00
a. Are real estate taxes included? Yes No _X_	Ψ	
b. Is property insurance included? Yes No X		
2. Utilities: a. Electricity and heating fuel	\$	0.00
b. Water and sewer	\$	0.00
c. Telephone	\$	0.00
d. Other Cellular phone	\$	90.00
3. Home maintenance (repairs and upkeep)	\$ <del></del>	0.00
4. Food	\$ <del></del>	300.00
5. Clothing	\$ <del></del>	10.00
6. Laundry and dry cleaning	\$ <del></del>	5.00
7. Medical and dental expenses	\$ <del></del>	25.00
8. Transportation (not including car payments)	\$	50.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	0.00
10. Charitable contributions	\$	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)	Ť	
a. Homeowner's or renter's	\$	0.00
b. Life	\$ <del></del>	0.00
c. Health	\$ <del></del>	0.00
d. Auto	\$ <del></del>	0.00
e. Other	\$	0.00
12. Taxes (not deducted from wages or included in home mortgage payments)	Ψ <u></u>	
(Specify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	Ψ	<u> </u>
a. Auto	\$	0.00
b. Other	\$	0.00
	\$	0.00
c. Other d. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$ <u> </u>	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <del></del>	0.00
17. Other	\$ <del></del>	0.00
Other	\$ ——	0.00
Other	Ψ	0.00
<ul><li>18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</li><li>19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year</li></ul>	\$	480.00
following the filing of this document:  20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	241.00
b. Average monthly expenses from Line 18 above	\$	480.00
c. Monthly net income (a. minus b.)	\$	-239.00

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Official Form 6-Declaration. (10/06)

# **United States Bankruptcy Court**Northern District of Illinois

In re	Brandon Bily			Case No.					
			Debtor(s)	Chapter	7				
	DECLARATION CONCERNING DEBTOR'S SCHEDULES  DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR								
	I declare under penalty of perjury the								
Date	August 7, 2007	Signature	/s/ Brandon Bily Brandon Bily Debtor						

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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Official Form 7 (04/07)

### **United States Bankruptcy Court**Northern District of Illinois

In re	Brandon Bily		Case No.	
		Debtor(s)	Chapter	7

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$11,411.00 2005 Employment Income
\$7,916.00 2006 Employment Income

\$0.00 2007 YTD Employment Income - unemployed

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$690.00 2006 - Unemployment \$1,932.00 2007 - Unemployment

### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL
OF CREDITOR PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
TRANSFERS TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

AMOUNT STILL

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

OWING

2

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION DISPOSITION

NOTION NOTION AND LOCATION DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF
PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

NT - -- -

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE
Law Offices of Konstantine Sparagis
8 S. Michigan Avenue
27th Floor
Chicago, IL 60603

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 2007 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$750 Attorney Fees
\$299 Filing Fee

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#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

**DEVICE** 

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF **PROPERTY** 

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### **NAME**

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER STATUS OR DISPOSITION

5

#### 18. Nature, location and name of business

None

NAME

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER

**BEGINNING AND** NATURE OF BUSINESS I.D. NO. **ADDRESS ENDING DATES** 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101. None

NAME **ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS DATES SERVICES RENDERED

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME **ADDRESS** DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

**ADDRESS** NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS **DATE ISSUED**  6

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

7

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, None

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NATURE AND PERCENTAGE

NAME AND ADDRESS

TITLE

OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME **ADDRESS** DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS TITLE DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation

in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated

group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None If

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

8

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date August 7, 2007

Signature /s/ Brandon Bily

Brandon Bily

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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Form 8 (10/05)

## United States Bankruptcy Court Northern District of Illinois

		Northern Di	istrict of Illinois			
In re	Brandon Bily			Case No.		
			Debtor(s)	Chapter	7	
	CHAPTER 7 INDI  I have filed a schedule of assets and liabil I have filed a schedule of executory contra I intend to do the following with respect to	ities which includes deb	ets secured by property of the secured by property of the secured by property of the secured by the secured by the secured by property of the secured by the se	of the estate.  al property subj	ect to an unexpir	ed lease.
	otion of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
Descrip Propert	·	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)	t		
Date	August 7, 2007	Signature	/s/ Brandon Bily Brandon Bily Debtor			

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United States Bankruptcy Court
Northern District of Illinois

In re	Brandon Bily			Case N	0.	
-			Debtor(s)	Chapter	7	
	DISC	LOSURE OF CON	MPENSATION OF ATT	ORNEY FOR I	DEBTOR(S)	
con	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					
	For legal services,	I have agreed to accept		\$	750.00	
	Prior to the filing of	of this statement I have rec	ceived	\$	750.00	
	Balance Due			\$	0.00	
2. The	e source of the comp	ensation paid to me was:				
	■ Debtor	☐ Other (specify):				
3. The	e source of compensa	ation to be paid to me is:				
	■ Debtor	☐ Other (specify):				
4. ■	I have not agreed to	share the above-disclose	d compensation with any other per	son unless they are m	embers and associate	s of my law firm.
			ompensation with a person or perso the names of the people sharing in			ny law firm. A
a. b. c.	Analysis of the debt Preparation and filin Representation of th [Other provisions as Negotiations reaffirmation	or's financial situation, and g of any petition, schedul the debtor at the meeting of sineeded] so with secured creditor agreements and app	ed to render legal service for all aspect of the debtor in des, statement of affairs and plan will reditors and confirmation hearing res to reduce to market value; lications as needed; preparat	determining whether hich may be required; g, and any adjourned be exemption planning	to file a petition in banearings thereof;  ng; preparation an	d filing of
5. By	agreement with the c		osed fee does not include the following dischargeability actions, j		nces, relief from s	tay actions or
			CERTIFICATION			
	ertify that the foregoi kruptcy proceeding.	ing is a complete statemen	nt of any agreement or arrangemen	t for payment to me for	or representation of th	ne debtor(s) in
Dated:	August 7, 2007		/s/ Konstantin	e Sparagis		
				paragis 6256702 f Konstantine Spa	ranis	
			Law Offices O	i Nonstantine Spa	uyis	
			8 S. Michigan	Avenue		
			8 S. Michigan 27th Floor Chicago, IL 60			

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

### **Chapter 7:** Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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#### B 201 (04/09/06)

Kanatantina Sparagia 6256702

### **Chapter 11:** Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of Attorney**

V Icl Konstantina Charagia

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

	1 /3/ Konstantine oparagis	August 1, 2001
Printed Name of Attorney	Signature of Attorney	Date
Address:		
8 S. Michigan Avenue		
27th Floor		
Chicago, IL 60603		
312.753.6956		
$I\ (We), the\ debtor(s), affirm\ that\ I\ (we)\ have $$$ Brandon Bily	Certificate of Debtor e received and read this notice.  X /s/ Brandon Bily	August 7, 2007
· ·		
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
· ·		
Printed Name(s) of Debtor(s)	Signature of Debtor	

August 7 2007

## **United States Bankruptcy Court** Northern District of Illinois

		Northern District of Illinois		
In re	Brandon Bily		Case No.	
		Debtor(s)	Chapter 7	
	v	ERIFICATION OF CREDITOR N	MATRIX	
		Number o	f Creditors:	59
	The above-named Debtor(our) knowledge.	(s) hereby verifies that the list of cred	itors is true and correct to th	ne best of my
Date:	August 7, 2007	/s/ Brandon Bily Brandon Bily Signature of Debtor		

Alan Villanueva, DMD 7546 Janes Ave. Naperville, IL 60540

APLM Ltd 1050 W. Kinzie St. Chicago, IL 60622

Asset Acceptance Llc P.O. Box 2036 Warren, MI 48090

Associated Pathology Consultants P.O. Box 2622 Carol Stream, IL 60132

Aurora Emergency Assoc. PO Box 3666 Dept 4040 Hinsdale, IL 60522

Central Credit Services, Inc. P.O. Box 15118
Jacksonville, FL 32239

City of Naperville 400 S. Eagle St. Naperville, IL 60566

City of Naperville 400 S. Eagle St. Naperville, IL 60566

City of Naperville 395 W. Lake St. Elmhurst, IL 60126

ComEd Bill Payment Center Chicago, IL 60668

Credit Management Services 9525 Sweet Valley Dr. Cleveland, OH 44125

Dependon Collection Service, Inc. PO Box 6074 River Forest, IL 60305

Diversified Services Group P.O. Box 80185 Phoenix, AZ 85060

Dr. Jeffrey Hynek 60 C Main St. Oswego, IL 60543

Dreyer Medical Clinic P.O. Box 2091 Aurora, IL 60507

Edward Hospital 801 S. Washington Naperville, IL 60540

Emergeny Treatment, S.C. 900 Jorie BLVD Suite 220 Oak Brook, IL 60523

Friedman & Wexler 500 W Madison, SUite 2910 Chicago, IL 60661

Guardian Anesthesia Assoc. 185 Penny Ave. Dundee, IL 60118

Harris & Harris 600 W. Jackson Chicago, IL 60661

KCA Financial Services, Inc. 628 North Street
Post Office Box Number 53
Geneva, IL 60134

Linden Oaks Hospital P.O. Box 4271 Dept. Y Carol Stream, IL 60197

Marianjoy 26W171 Roosevelt Rd. Wheaton, IL 60187

MCS Collections 725 S Wells St Suite 501 Chicago, IL 60607

Medical Business Bureau P.O. Box 1219
Park Ridge, IL 60068

Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441

Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441

Medical Business Bureau 1175 Devin Dr Suite 171 Muskegon, MI 49441

Merchants' Credit Guide Co. Executive Offices 223 W. Jackson Blvd. Chicago, IL 60606

Meyer, Kreuzer, ESP & Cores 290 S. County Farm Rd. Suite M Wheaton, IL 60187

Monitor Financial Services, Inc. P.O. Box 1104 Oswego, IL 60543

Naperville Radiologists SC 6910 S. Madison St. Willowbrook, IL 60527

NCO - Marlin P.O. Box 8529 Philadelphia, PA 19101

NCO Financial Systems PO Box 15740 Wilmington, DE 19850

Nicor Gas P.O. Box 416 Aurora, IL 60568

OSI Collection Services, Inc. P.O. Box 959
Brookfield, WI 53008

Pellettieri & Assoc 991 Oak Creek Drive Lombard, IL 60148

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Penn Credit Corporation Box 988 Harrisburg, PA 17108

Penn Credit Corporation Box 988 Harrisburg, PA 17108

Provena Mercy Medical Center 75 Remittance Dr., Ste. 1871 Chicago, IL 60675

Revenue Cycle Partners 2870 Stoner Court, Ste. 300 North Liberty, IA 52317 Revenue Production Management, Inc. P.O. Box 830913 Birmingham, AL 35283

Risk Management Alternatives PO Box 105411 Atlanta, GA 30348

Riverside Psychiatric 7234 W. Ogden Ave Suite 3N Riverside, IL 60546

Rush Copley Medical Center PO Box 352 Aurora, IL 60507

Rush Copley Medical Ctr 2000 Ogden Ave Aurora, IL 60504

Rush-Copley Medical Center P.O. Box 352 Aurora, IL 60507

SBC Bill Payment Center Chicago, IL 60663

Southwest Credit 5910 W. Plano Pkwy., Ste. 100 Plano, TX 75093

Superior Air Ground Amb. Service P.O. Box 1407 Elmhurst, IL 60126

The Bureaus Inc 1717 Center Street Evanston, IL 60201

The Bureaus Inc. 35353 Eagle Way Chicago, IL 60678-1352

Torres Credit Services, INC. P.O. Box 189 Carlisle, PA 17013

TRS Recovery Services, Inc P.O. Box 17170 Denver, CO 80217

TRS Recovery Svcs., Inc. PO Box 60022 City Of Industry, CA 91716

United Recovery Service, LLC 18525 Torrence Ave. Suite C-6 Lansing, IL 60438

Van Ru Credit Corporation P.O. Box 1018 Park Ridge, IL 60068

WOW!Internet Cable Phone PO Box 5715 Carol Stream, IL 60197